Is There Too Much Emphasis on Psychosocial Counseling for Infertile Patients?

Infertile patients usually express an interest in and wish for counseling, yet few take-up such services when made available.[1] When patients are asked whether they believe that psychosocial counseling would be beneficial, most, if not all, agree that such interventions would be useful (1–3). Moreover, about two-thirds of patients state that they would have availed themselves of such services if they had been provided while they were in treatment (2,4). It is noteworthy that, in general, women express a greater interest in psychosocial services than do men (1–5). Despite this high level of interest, prospective studies (6,7) and retrospective studies (5,8,9) show that only 18–21% of patients decide to attend counseling sessions when these are made available.

One possible explanation for the disparity between interest level and actual take-up rate for psychosocial counseling is the fact that few patients experience the level of distress that would lead them to seek such intensive forms of help. Numerous studies have been carried out examining the psychological profile of infertile patients at various time points during the treatment years (cf. 10 and 11) and comparing their profile to that of fertile groups or to population norms. The variables on which patients have been compared vary but have frequently included depression, anxiety, psychiatric disturbance, marital conflict, and sexual dysfunction. There is no evidence that infertile patients, as a group, experience significant maladjustment on these measures compared to other, fertile individuals. However, about 15–20% of patients do score above the clinical cutoff level on standardized questionnaires (12–15). The cutoff level refers to the level of distress that would be considered of clinical importance. It is this group of vulnerable patients who likely seek and benefit from counseling.

Several studies do indeed show that patients attending support groups experience more psychological, marital, and/or sexual distress than infertile couples not participating in such groups (16,17). In addition, infertile patients who request psychological support have been found to have a higher rate of psychiatric morbidity than those who do not (5). Several studies also show that these patients benefit from additional psychological help. Stewart *et al.* (17) and Domar *et al.* (18,19) examined the benefits of support group participation in patients who were *self-referred or physician referred* for infertility-related distress. Although these studies have some important methodological flaws, their results do seem to suggest that the psychological interventions used were helpful in reducing patient distress.

But what about the psychosocial needs of the remaining 80% or so of patients who do not refer themselves or are not referred for counseling? Although these patients will experience symptoms of anxiety or depression in relation to their infertility and find that it has some negative effects on their sexual relationship or their relationship with family and friends, most of these couples will find counseling, whether individual, couple, or group, to be too formal or too intensive for their needs. This group of patients does not appear to respond to calls for participation in group counseling (20) and does not appear to benefit from couple counseling when this service is made a part of the standard treatment protocol (21). Although these patients may find less intensive forms of help useful, few alternatives to counseling, particularly those which less distressed patients would be likely to prefer, are offered to them.

One possible alternative that would seem to be relevant to less distressed patients but that remains unexplored is the provision of documentation on the psychosocial aspects of infertility and its treatment. There is some evidence to suggest that less distressed patients would be interested in and would find useful this type of intervention. Laffont and Edelmann (5) asked patients who had undergone at least one IVF cycle to list the factors that would have made treatment easier. Patients ranked a

[1] The views and recommendations made in this article do not apply to couples using donor gametes.

booklet of information about the psychological aspects of IVF as the most important factor that would have helped them cope with treatment after the provision of medical information. Although few patients in our samples participated in support groups or sought counseling prior to treatment, most said that they made a point of being attentive to psychosocial information about forthcoming treatments in the media (22–24). For example, 78% reported reading newspaper or magazine articles related to the psychological aspects of infertility and 69% reported watching television programs about this topic.

These data would seem to suggest that written psychosocial information may be appealing to and potentially able to meet the needs of the important group of patients not using counseling. It is important to remember that people usually seek counseling because they cannot manage or cope with their distress, rather than because of distress per se. Most infertile couples do in fact cope with infertility distress and do so by using whatever informal resources are available to them. This type of additional help usually takes the form of support from one's spouse, family, and friends as well as clinic staff (25). The type of help probably consists of reassurance that patients' emotional reactions are normal/common and of information about coping strategies that might be useful in managing the stresses of infertility or its treatment. Written psychosocial documentation can play an important role in ART clinics because it can provide a systematic way in which all infertile patients are provided access to this kind of additional help.

In conclusion, two recommendations can be made to ART clinics on the basis of this discussion. First, the medical team should know of, and be able to refer highly distressed patients wanting help to, an appropriate mental health professional. Similarly, some patients will appreciate information about local or national support groups and clinics should be in a position to offer them this information. Second, the provision of written documentation on the psychosocial aspects of infertility and its treatment should be made available to all patients. While psychosocial documentation is not likely to meet the needs of the more distressed patient, it may be a more appropriate method of intervening with the majority of less distressed infertile patients who do not wish for or use counseling.

Summary. Clinical papers strongly recommend psychosocial counseling for patients attending infertility clinics. These recommendations are at odds with studies showing that very few patients actually take-up such services. The disparity between recommendation and actual use would seem to be due to the lack of distinction between the needs of the few highly distressed patients who feel overwhelmed by their infertility and those of the average infertile couple who experience distress but cope well with it. In the former case, psychosocial counseling is likely to be beneficial, while in the latter case informal sources of help, for example, that provided through documentation, are likely to be sufficient. Unfortunately, the emphasis on psychosocial counseling for highly distressed patients in the area of infertility has left the needs of less distressed patients neglected and the potential usefulness of alternative methods of intervening with these patients unexplored.

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Does Psychological Support and Counseling Reduce the Stress Experienced by Couples Involved in Assisted Reproductive Technology?

Thousands of infertile couples worldwide have had their hopes raised, and indeed many have had their dreams fulfilled, by the advent of assisted reproductive technologies such as in vitro fertilization. The excitement and promise of these new treatments, however, have been somewhat diminished by psychological stress of a sort that seems unique to those attempting to take advantage of this technology. Couples entering these programs, already burdened by grief associated with their inability to achieve pregnancy, find themselves drawn into an emotional maelstrom of hope and despair, euphoria and dysphoria that appears to be generated in part by their experience of the technology itself. Ongoing research in this field continues to provide clinicians with information about the etiology and treatment of infertility. Research on the psychological aspects of infertility has evolved over time from an early view which described women as psychologically to blame for their infertility. Current research supports the very different conclusion that psychological dysphoria is one of a spectrum of predictable emotional responses to infertility.

Assisted reproductive technology (ART), it is now clear, generates its own psychological impact. In the relatively brief time since in vitro fertilization